

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. 9/173531 | FILING DATE | | |
|--|----------|------|------------------------|------|------------------------|------|-------------------------------|-------------|------|------|
| | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 5 | | 1 | | 1 | | | | | | |
| 6 | | 1 | | 1 | | | | | | |
| 7 | | 1 | | 1 | | | | | | |
| 8 | | 1 | | 1 | | | | | | |
| 9 | | 1 | | 1 | | | | | | |
| 10 | | 3 | | 3 | | | | | | |
| 11 | | 3 | | 3 | | 2 | | | | |
| 12 | | 3 | | 3 | | 2 | | | | |
| 13 | 1 | | | | | | | | | |
| 14 | | 3 | | 1 | | 2 | | | | |
| 15 | | 1 | | 2 | | 2 | | | | |
| 16 | | 3 | | 1 | | 2 | | | | |
| 17 | | 1 | | 2 | | 2 | | | | |
| 18 | 1 | | | | | | | | | |
| 19 | 1 | | 1 | | | | | | | |
| 20 | 1 | | 1 | | | | | | | |
| 21 | | | | 1 | | 1 | | | | |
| 22 | | | | 1 | | 1 | | | | |
| 23 | | | | 1 | | 1 | | | | |
| 24 | | | | 3 | | | | | | |
| 25 | | | | 3 | | | | | | |
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| 28 | | | | 3 | | 2 | | | | |
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| TOTAL IND. | 7 | | 3 | | 1 | | | | | |
| TOTAL DEP. | 30 | | 43 | | 20 | | | | | |
| TOTAL CLAIMS | 37 | | 46 | | 21 | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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